

United States Court of Appeals

FIFTH CIRCUIT
OFFICE OF THE CLERK

CHARLES R. FULBRUGE III
CLERK

TEL. 504-310-7700
600 S. MAESTRI PLACE
NEW ORLEANS, LA 70130

September 28, 2007

Mr Iraj Shahrok
572 Ralston Avenue
Belmont, CA 94002

No. 07-60545 Ortiz-Morales v. Keisler
Agency No. A70 291 383

We have filed the record. PETITIONER'S BRIEF AND RECORD EXCERPTS ARE DUE WITHIN 40 DAYS FROM THE DATE ABOVE, See FED. R. APP. P. and 5TH CIR. R. 28, 30 and 31. Except in the most extraordinary circumstances, the maximum extension for filing briefs is 40 days in agency cases. See also 5TH CIR. R. 31.1 to determine if you have to file electronic copies, and the Portable Document Format (PDF) you MUST use. See also 5TH CIR. R. 30.1 for the contents of the Record Excerpts which are filed instead of an appendix. You may access our briefing checklist on the Fifth Circuit's Website "www.ca5.uscourts.gov/clerk/docs/brchecklist.pdf". An intervenor's time is governed by 5TH CIR. R. 31.2. 5TH CIR. R. 42.3.2 allows the clerk to dismiss appeals **without notice** if the brief is not filed on time.

The caption for this appeal is attached, and we ask you to use it on any briefs filed with this court.

If the case above is an Immigration and Naturalization Service case and that agency has filed an original record, the appendix and record excerpts are not required.

Sincerely,

CHARLES R. FULBRUGE III, Clerk

By:

Angelique D. Batiste
Angelique D. Batiste, Deputy Clerk
504-310-7808

Enclosure
cc w/encl: Ms Ashley Bell Han

BR-2

EXHIBIT 1

José Pedro Enz, M.D., M.P.H.
Pediatrics, Infants and Adolescents

2500 Milvia St. Suite 204
Berkeley, California 94704

(510) 548-8905

Date: January 26, 2007

Re: Daniel Arjona-Ortiz

Date of Birth: December 8, 1997

To whom it may concern:

Daniel is an eight year old boy whom has been my patient since birth. He has a history of frequent Perforative Chronic Otitis Media. He was referred to Dr. Cartwright a specialist in otolaryngology, Children's Hospital Oakland. Dr. Cartwright made the diagnosis of Cholesteatoma in the left ear with a CT scan. His audiology examination revealed mild to moderate conductive hearing loss in the left ear with abnormal tympanogram. He has been scheduled for Surgery on January 29, 2007 for a left ear mastoidectomy and it will be rescheduled if they do not obtain mother's authorization. Daniel will be given a second appointment for surgery on February, 2007.

For further questions you may call me at the above phone number.

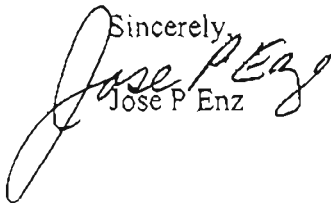
Sincerely,

Jose P Enz

EXHIBIT 2

José Pedro Enz, M.D., M.P.H.
Pediatrics, Infants and Adolescents

2500 Milvia St. Suite 204
Berkeley, California 94704

(510) 548-8905

Date: February 2, 2007

To Whom It May Concern:

Re: Miguel Arjona-Ortiz: DOB 2/21/01

Miguel has been my patient since birth. He has been healthy. His Immunizations are up to date. He has a history of Reactive Airway Disease which can turn into Asthma. As an infant this caused a pneumonia. Last episode was 9/20/06 and was controlled with medication. He also received an Influenza Vaccine 10/23/06 to prevent his Reactive Airway Disease.

For further questions you may contact me at the above phone number.

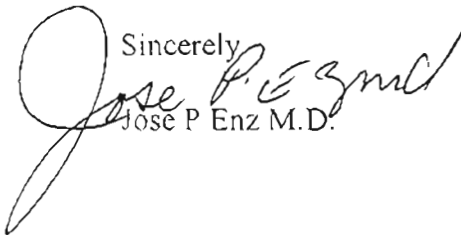
Sincerely,

Jose P Enz M.D.

EXHIBIT 3

IN THE UNITED STATES COURT OF APPEALS
FOR THE FIFTH CIRCUIT

No. 07-60545

U.S. COURT OF APPEALS
FILED

AUG 15 2007

CHARLES R. FULBRUGE III
CLERK

MAGDALY WALESKI ORTIZ-MORALES

Petitioner

v.

ALBERTO R GONZALES, U S ATTORNEY GENERAL

Respondent

Petition for Review of an Order of the
Board of Immigration Appeals

Before REAVLEY, SMITH, and BARKSDALE, Circuit Judges.

PER CURIAM:

IT IS ORDERED that petitioner's motion for stay of
deportation pending review is *denied*.

MCT-21A

gmk *[Signature]* *[Signature]*

EXHIBIT 4

CERTIFICATION OF VITAL RECORD

CITY OF BERKELEY
HEALTH AND HUMAN SERVICESCERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1200161001028

STATE FILE NUMBER		USE BLACK INK ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST (GIVEN) MIGUEL		1B. MIDDLE ANTONIO	1C. LAST (FAMILY) ARJONA ORTIZ	
	2. SEX MALE	3A. THIS BIRTH (SINGLE, TWIN, ETC.) SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/YYYY 02/22/2001	4B. HOUR - (24 HOUR CLOCK TIME) 0313
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY ALTA BATES MEDICAL CENTER		5B. STREET ADDRESS - STREET, NUMBER, OR LOCATION 2450 ASHBY AVENUE		
	5C. CITY BERKELEY		5D. COUNTY ALAMEDA	5E. PLANNED PLACE OF BIRTH HOSPITAL	
FATHER OF CHILD	6A. NAME OF FATHER - FIRST (GIVEN) LEONEL	6B. MIDDLE -	6C. LAST (FAMILY) ARJONA	7. STATE OF BIRTH MEXICO	8. DATE OF BIRTH 03/17/1969
MOTHER OF CHILD	9A. NAME OF MOTHER - FIRST (GIVEN) MAGDALE	9B. MIDDLE WALESKA	9C. LAST (MAIDEN) ORTIZ	10. STATE OF BIRTH HONDURAS	11. DATE OF BIRTH 02/11/1971
INFORMANT CERTIFICATION	12A. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		12B. PARENT OR OTHER INFORMANT SIGNATURE <i>Magda Ortiz</i>		12C. DATE SIGNED 02/22/2001
	13A. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.		13B. ATTENDANT OR CERTIFIER - SIGNATURE - DEGREE OR TITLE <i>R. Sym</i>		13C. LICENSE NUMBER NEW 303
CERTIFICATION OF BIRTH	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT JUDE SYM, CNM, 2979-21ST STREET, SAN FRANCISCO		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT HOLLY WAGNER, RN, RNL MGR.		
	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	15C. LOCAL REGISTRAR SIGNATURE <i>Pok Nanyang</i>	17. DATE ACCEPTED FOR REGISTRATION 02/28/2001	

EXHIBIT 5

This is to certify that this document is a true copy of the official record filed with the City of Berkeley.

Pok Nanyang, MD, MPH, Local Registrar and Health Officer

by: *Pok Nanyang*

DATE ISSUED

LOCAL REGISTRAR AND HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



JUN 12 2006



CERTIFICATION OF VITAL RECORD

CITY OF BERKELEY
HEALTH AND HUMAN SERVICESCERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1199761004525

STATE FILE NUMBER		USE BLACK INK ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN) DANIEL		1B. MIDDLE EDUARDO	1C. LAST (FAMILY) ARJONA	
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH — MM/DD/YYYY 12/08/1997	4B. HOUR — IN HOUR CLOCK TIME 0807
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY ALTA BATES MEDICAL CENTER		5B. STREET ADDRESS — STREET, NUMBER OR LOCATION 2450 ASHBY AVENUE		
	5C. CITY BERKELEY		5D. COUNTY ALAMEDA	5E. PLANNED PLACE OF BIRTH HOSPITAL	
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN) LEONEL	6B. MIDDLE -	6C. LAST (FAMILY) ARJONA-CORREA	7. STATE OF BIRTH MEXICO	8. DATE OF BIRTH 03/17/1969
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) MAGDALY	9B. MIDDLE WALESKA	9C. LAST (Maiden) ORTIZ-MORALES	10. STATE OF BIRTH HONDURAS	11. DATE OF BIRTH 02/11/1971
INFORMANT CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		12A. PARENT OR OTHER INFORMANT — SIGNATURE <i>Magdaly Ortiz</i>		12B. RELATIONSHIP TO CHILD MOTHER
CERTIFICATION OF BIRTH	I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.		13A. ATTENDANT OR CERTIFIER — SIGNATURE — LICENSE OR TITLE <i>Yvette Webster</i>		13B. LICENSE NUMBER 0343
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT N. BARNETT-MOORE, CNM, 2909 McClure St., Oakland			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT YVETTE WEBSTER, PNTRL MGR.	
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRATION SIGNATURE <i>John N. ...</i>		17. DATE ACCEPTED FOR REGISTRATION 12/15/1997

EXHIBIT 5



This is to certify that this document is a true copy of the official record filed with the City of Berkeley.

John N. ... M.D., Local Registrar and Health Officer

Acting Health Officer

DATE ISSUED

LOCAL REGISTRAR AND HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar



OFFICE OF RECORDER
COUNTY OF ALAMEDA
 OAKLAND, CALIFORNIA

104.

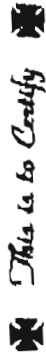
STATE FILE NUMBER		CERTIFICATE OF LIVE BIRTH		STATE OF CALIFORNIA		1-09-01		20449	
1A. NAME OF CHILD - FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
JENNIFER		CAROLINA		RAMOS ORTIZ					
2. SEX		3A. THIS CHILD IS SINGLE, MARRIED, ETC.		3B. IF MARRIED, THIS CHILD IS 1ST, 2ND, ETC.		4A. DATE OF BIRTH - MONTH, DAY, YEAR		4B. HOUR / MINUTE / SECOND (CLOCK TIME)	
FEMALE		SINGLE				NOVEMBER 30, 1989		0648	
5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET & NUMBER - STREET NUMBER, OR LOCATION		5C. COUNTY		5D. PLANNED PLACE OF BIRTH			
HIGHLAND GENERAL HOSPITAL		1411 E. 31ST ST.		ALAMEDA		HOSPITAL			
6A. NAME OF FATHER - FIRST (GIVEN)		6B. MIDDLE		6C. LAST (FAMILY)		7A. DATE OF BIRTH		7B. DATE OF BIRTH	
CARLOS		ENRIQUE		RAMOS PEJIA		HONDURAS		8/15/47	
8A. NAME OF MOTHER - FIRST (GIVEN)		8B. MIDDLE		8C. LAST (FAMILY)		9A. DATE OF BIRTH		9B. DATE OF BIRTH	
MARIALY		WALEIRA		ORTIZ MORALES		HONDURAS		8/11/71	
10. CERTIFICATION		11. ATTENDANT OR CERTIFIED SIGNATURE - NAME OF NURSE		12. RELATIONSHIP TO CHILD		13. DATE SIGNED		14. DATE SIGNED	
I CERTIFY THAT THE CHILD IS ALIVE AT THE DATE, HOUR, AND PLACE NOTED.		MARIA DELA ROSA ORTIZ MORALES		MOTHER		2/15/90		2/15/90	
15. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		16. LICENSE NUMBER		17. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		18. DATE SIGNED		19. DATE SIGNED	
BARBARA DOUGLAS, CNM, 1411 E 31ST, OAKLAND		421224		YOU		2/15/90		2/15/90	
10A. DATE OF DEATH		10B. STATE FILE NO. (STATE USE ONLY)		10C. LOCAL REGISTRATION		10D. DATE SIGNED		10E. DATE SIGNED	

EXHIBIT 5

001562471 CERTIFIED COPY OF VITAL RECORDS



The Holy Sacrament of Baptism



This is to Certify

JOSE MANUEL RAMOS ORTIZ

That *The Son* } of MAGDALI ORTIZ MEJIA
The Daughter } CARLOS RAMOS MEJIA
 and
 born in BROWNSVILLE, TEXAS on NOVEMBER 10, 1987
 was Baptized on AUGUST 12, 1990 in the Church of

SAINT ELIZABETH PARISH OAKLAND, CALIFORNIA CITY

according to the Rite of the Roman Catholic Church

FR. ARMANDO LOPEZ O.F.M.

by Rev.

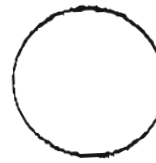
Sponsors were ROSA MEDINA

and CARLOS MEDINA

as recorded in the Baptismal Register of this Church

Manuel G. Hernandez, O.F.M. Pastor

Dated MAY 6, 2001



SEAL OF CHURCH

Going therefore, teach in all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost. Matt. 28-19

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FORM NO. 100

EXHIBIT 5